Type or print in ink. Amounts may be rounded to whole dollars.

				-			LATE INDE	PENDENT EX	PENDITURE	REPORT	
NAME OF FILER South Bay AFL-CIO Labor Council Issues Account sponsored by South Bay AFL-CIO Labor Council					Date of This Fil		Date Stamp	CALIFORNIA FORM			
AREA CODE/PHONE NUMBER () - I.D. NUM 1243364			NUMBER (if applicable) 43364		Report No. LIE143-51106		D 4 64	For Official Use Only			
STREET ADDRESS					to Repo	ndment ort No	Page 1 of 4				
CITY STATE ZIP CODE San Jose CA 95125			(explain below) No. of Pages4								
1. List Only One Ca	andidate or Ballot Mea	sure		•				·			
NAME OF CANDIDATE	SUPPORTED OR OPPOSED					NAME OF BALLOT MEASUR State Spending and School Fu	E SUPPORTED OR OPPOSED anding Limits)			
OFFICE SOUGHT OR HELD/DISTRICT NO. SUPPORT OPPOSE				OPPOSE		BALLOT NO./LETTER 76	JURISDICTION STW		SUPPORT	OPPOSE X	
2. Independent Exp	penditures Made Att	tach additional info	rmation on app	ropriately labe	eled continu	uation sheets.					
DATE			DE	SCRIPTION C	OF EXPEND	ITURE			AMOUNT		
11/04/2005	Supplies							\$49.11			
11/05/2005	Food							\$42.22			
11/04/2005	Food							\$128.63			
11/05/2005	Food							\$74.67			
11/03/2005	Phonecalls							\$625.21			

Reason for Amendment:

Amendment to reflect additional

expenditures

FPPC Form 496 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772

Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER South Bay AFL-CIO Labor Council Issues Account sponsored by South Bay AFL-CIO Labor Council AREA CODE/PHONE NUMBER () - I.D. NUMBER (if applicable) 1243364 STREET ADDRESS CITY STATE ZIP CODE San Jose CA 95125				Date of This Fil Report	ing11/17/2005	Date Stamp Page 2 of 4	CALIFO FOR	CALIFORNIA FORM FOR Official Use Only		
			to Report No01 (explain below) No. of Pages4							
_	andidate or Ballot Measure					NAME OF BALLOT MEASUR State Spending and School Fu	E SUPPORTED OR OPPOSED anding Limits			
OFFICE SOUGHT OR HELD/DISTRICT NO. SUPPORT OPPOSE						BALLOT NO./LETTER 76	JURISDICTION STW		SUPPORT	OPPOSE X
2. Independent Exp	oenditures Made Attach a	dditional info	ormation on appi	ropriately lab	eled continu	uation sheets.	'			
DATE			DE	SCRIPTION C	F EXPEND	TURE			AMOUNT	
11/06/2005	Est Cost of Addl Phonecalls th	nru 11/8						\$550.00		
11/03/2005	Food for volunteers							\$147.56		
11/06/2005	Food							\$424.30		
11/04/2005	Supplies							\$1.76		
11/05/2005	Food							\$150.00		

Reason for Amendment:

Amendment to reflect additional

expenditures

FPPC Form 496 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772

Type or print in ink. Amounts may be rounded to whole dollars.

									EPENDENT EX	PENDITURE	KEPORT	
NAME OF FILER South Bay AFL-CIO Labor Council Issues Account sponsored by South Bay AFL-CIO Labor Council					Date of Date Star This Filing11/17/2005			Date Stamp	CALIFORNIA 496			
			I.D. NUMBER (if applicable) 1243364			Report NoLIE143-51106			For	For Official Use Only		
STREET ADDRESS					Page 3 of 4 Amendment to Report No01 (explain below) No. of Pages4							
CITY STATE ZIP CODE San Jose CA 95125												
1. List Only One Ca	ndidate or Ballot Mea	sure					·					
NAME OF CANDIDATE	SUPPORTED OR OPPOSED					NAME OF BALLOT MEA State Spending and Scho			D			
OFFICE SOUGHT OR HELD/DISTRICT NO. SUPPORT OPPOSE					-	BALLOT NO./LETTER 76		JURISDICTION STW		SUPPORT	OPPOSE X	
2. Independent Exp	enditures Made Att	tach additional info	rmation on app	ropriately labe	eled continu	lation sheets.	I_					
DATE			DE	SCRIPTION C	F EXPENDI	TURE				AMOUNT		
11/05/2005	Food								\$25.50			

Reason for Amendment:

Amendment to reflect additional

expenditures

FPPC Form 496 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772

CALIFORNIA FORM

	*
NAME OF FILER	I.D. NUMBER (If applicable)

3. Contributions of \$100 or More Received*									
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any				
		IND COM OTH PTY SCC			If loan, enter interest rate, if any				
		IND COM OTH PTY SCC			If loan, enter interest rate, if any				
		IND COM OTH PTY SCC			If loan, enter interest rate, if any				

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3. **Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party SCC - Small Contributor Committee

FPPC Form 496 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC